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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/401,504 08/07/2002  
*ok cd*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none cd*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/17/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <i>C. S. [Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 17	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Dental instrument

FILING FEE  RECEIVED 898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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